STATE OF MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

APPLICATION FOR FULL CERTIFICATION AS A MENTAL HEALTH PROFESSIONAL PERSON

		PART I - APPLICANT INFOR	MATION				
A.	Applicant's Name:						
	Home Address:	Street Address		Phone:			
	Work Address:			Phone:			
		Name of Organization					
		Street Address		-			
		City State Zip		-			
В.	Education and Training	E.I.) State 2.1p					
	List below all education and training which is relevant to your application for professional person certification.						
	Name and Location of	School	Major	Degree			
			- 3		Year		
					Year		
					Year		
					Year		
					Year		
					Year		
					Year		
					Year		
					Year		

Name o	of Ap	plicant:		
C.	To assist the Certification Committee in evaluating your transcript, please check the item which you believe best describes your degree. An official transcript must be submitted directly to the Certification Committee by the school.			
		A doctoral degree in a field of study which is clearly identified as preparing the student for the clinical treatment of mental illness.		
		A master's degree in social work in a curriculum which included at least three courses in therapeutic techniques for treatment mental illness.		
		A master's degree in clinical psychology. ¹		
		A master's degree in counseling psychology. 1		
		A master's degree in psychiatric nursing.		
		A master's degree in human services field other than social work, clinical psychology, counseling psychology, or psychiatric nursing in a curriculum with a <u>preponderance</u> of course work and practicum experience in a clinical mental health area.		
		A master's degree in a field which is relevant to some aspect of treatment of mental illness.		
		A bachelor's degree in nursing.		
		arse titles on transcripts are abbreviated and often course content is obscure. If the Certification cannot readily determine that your curriculum meets the stated requirements, it will deny your		

application pending additional information

You may want to supplement your initial application with documentation or clarification of your course work, practica, and internship experience. This is almost always necessary for those claiming degrees in social work or in "a human service field . . . with a preponderance of course work and practicum experience in a clinical mental health area."

Supplemental materials may include detailed descriptions of course content, statements from the school, copies of course syllabi or other appropriate documentation. For supervised field placements, information about the setting, duties, clientele and supervision should be included. It is the applicant's responsibility to demonstrate that s/he meets the requirements.

¹ From a department of psychology and explicitly designated as a "clinical" or "counseling" major emphasis on transcripts.

Name of Applicant:				
D.	Letter of Application			
	Use the space below and/or a separate sheet of paper to write a letter of application to the Certification Committee. This letter should include your reason for applying for certification, your understanding of the statutory responsibilities of a mental health professional person, and your reasons for believing that you can effectively exercise those responsibilities.			
Applica	ant's Signature Date			
Return	this form and all supporting documents to:			

Return this form and all supporting documents to:

Professional Person Certification Committee Addictive & Mental Disorders Division P.O. Box 202905 Helena, MT 59620-2905